MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 002 Registrar's No. 6857 STATE FILE NUMBER 63-048159

FILED DEC 27 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	8/50	2	
3			
4	0		
5	1		
6			
7	1		
8	1		
9	162.1		
10			
11			
12	61-0		
13			

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT BY AFFIDAVIT OF Morris Statland

MEDICAL CERTIFICATION

1. PLACE OF DEATH

a. COUNTY: Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City

Length of stay in 1b: 5 wks

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Menorah Medical Center

Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: Kansas b. COUNTY: Wyandotte

c. CITY OR TOWN: Bethel Inside Limits: Yes [ ] No [X]

d. STREET ADDRESS (If outside, give location): 8025 Longwood Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Michael Robert Middle: Last: Meany

4. DATE OF DEATH: Month, Day, Year: December 16, 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 11-13-97

9. AGE (last birthday): 66

IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mgr cutting dept

10b. KIND OF BUSINESS OR INDUSTRY: Tension Envelope Co

11. BIRTHPLACE (City and state or country): K.C.Ks.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Michael J. Meany

13b. MOTHER'S MAIDEN NAME: Maria Meehan

14. NAME OF HUSBAND OR WIFE: Mabel H.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Mrs Mabel H. Meany 8025 Longwood Bethel, Ks

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Bronchopneumonia	7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Metastatic Carcinoma Brain	5 mos.
DUE TO (c)	Bronchogenic Carcinoma	1½ yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1949 to 12/16/63 and last saw ~~him~~ her alive on 12/16/63

Death occurred at 6:46 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Morris Statland M.D.

22b. ADDRESS: 751 E. 63rd K.C. Mo.

22c. DATE SIGNED: 12/17/63

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: 12/19/63

23c. NAME OF CEMETERY OR CREMATORY: Mt Calvary Cemetery

23d. LOCATION (City, town, or county) (State): K.C.Ks.

24. FUNERAL DIRECTOR ADDRESS: Jos. A. Butler's Sons K.C.Ks.

25. DATE RECD. BY LOCAL REG.: 12-18-63

26. REGISTRAR'S SIGNATURE: Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 3426 Mo

P. O. Address K.C. Kansas 66102

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.